

County Medical Services Program

Newsletter

Prepared by: AmeriChoice

Dr. Joseph E. Scherger, Medical Director

March 2007, Vol. 9



Meet Joseph E. Scherger, MD

Dr. Joseph Scherger became the new Medical Director of the CMS Program in late December 2006. Dr. Scherger is Clinical Professor of Family & Preventive Medicine at UCSD. Prior to coming to CMS, Dr. Scherger worked clinically as a family physician at UCSD, and previously at Sharp Rees-Steely Medical Group and for the Sharp Community Medical Group. He came to San Diego in 1992 after 14 years of private practice in Davis and Dixon, CA. Dr. Scherger has worked in community clinics throughout his career, beginning at the Venice Family Health Center as a UCLA medical student in the early 1970s. He was a migrant health physician for the National Health Service Corps in Dixon, CA from 1978-80. He is a charter member of the Association of Clinicians for the Underserved (ACU). He currently works as a family physician at St. Vincent de Paul Family Health Center (and serves on their board of advisors) and at the UCSD student-run free clinic in Pacific Beach. Dr. Scherger is also Consulting Medical Director for Healthcare Process Improvement – Informatics for Lumetra based in San Francisco. He has a special interest in the redesign of office practice using health information technology. Dr. Scherger looks forward to meeting with all CMS providers.

Important Formulary Change

The CMS program has been spending over \$260,000 dollars a quarter on lipid lowering drugs. 86% of these drugs are statins, comprising 91% of the total cost. 93% of patients receiving statin therapy are on Lipitor. In fact, Lipitor accounts for 12% of all drug costs to CMS. In contrast, all the antihypertensive drugs, of which there are 1200 more prescriptions each month, cost the CMS program \$83,000 dollars a quarter.

The release of Lovastatin, Pravastatin and Simvastatin as generic medications changes the appropriate use of statins to both achieve excellent results and to control costs. The cost of generic Simvastatin is 1/10th the cost of Lipitor. Starting immediately, we will be shift most patients off Lipitor to generic statins. Lovastatin is formulary and as of March 1, 2007 Simvastatin will be added to the CMS formulary as the preferred agent. All new statin prescriptions must first be with generics before Lipitor will be considered. As of May 1, special authorization will be required for Lipitor, except for those patients who require 80 mg therapy every day for control.

The following are new recommendations for lipid lowering therapy:

- Begin patients on Simvastatin 20 mg or Lovastatin 40 mg
- If not controlled, move up the dose of Simvastatin daily to 40 and 80 mg as needed
- Lipitor 80 mg will be approved for patients not controlled on 80 mg of Simvastatin. Lipitor panels (2) are required for approval.

Do not write pill splitting prescriptions (#15/month)

For patients with a very high triglyceride, a fibrate may be considered. Avoid Gemfibrozil (Lopid) because of the risk of muscle damage. Fenofibrate (Tricor) will be allowed for patients on a statin medication. Note: those patients with a low HDL and a total cholesterol/HDL ratio over 5 should be on a statin irregardless of the total or LDL cholesterol level. Thank you for your cooperation with this change. The CMS program will save as much as \$600,000 a year to be put to other needs.

Appropriate Referrals

The most common task of the CMS medical director is to review referrals. This newsletter will regularly be used to give advice on appropriate referrals. All inappropriate referrals will be denied. When considering if a referral is appropriate, the first concept is to understand the CMS is not an insurance program. There is no “entitlement” to referrals for patients who have CMS. CMS is a program of limited funding that provides certain necessary medical services to sick patients. The use of these funds must be carefully considered and only necessary and appropriate referrals can be approved which fit within the CMS medical policies.

As medical director, I will provide regular feedback on referrals when denials are made. Here are some recent examples:

- **Back Pain, Neck Pain and Degenerative Disk Disease** – referrals frequently come in for neurology, orthopedic surgery and physical therapy for these patients. Referrals will not be approved unless there is clear evidence of neurologic deficit and the most appropriate referral in this case would be to a orthopedic or neurosurgeon in a back clinic setting. Regular arthritis and DDD are managed at the primary care level. Physical therapy will not be approved for stable chronic disease. Pain Clinic is also not appropriate for these patients. They should be managed at the primary care level.
- **Rheumatology** – frequent referrals come in for rheumatology for patients without evidence of inflammatory disease. Osteoarthritis and fibromyalgia are not indications for a rheumatology referral and should be managed at the primary care level. If patients have a normal ESR and other negative basic tests for rheumatologic disease, these referrals will be denied. Please record the physical exam carefully!

One final example for this issue, a referral came in for both a MRA and a MRI in a patient with a complaint of dizziness. No further history was given and no physical exam was recorded.

Realize that with all referrals, you are applying for these funds and the case for why the referral is needed must be made. Please do not simply send in repeat requests with no new documentation. There is no automatic first denial; don’t simply try again for better luck. If you have a question, please call me at 858-495-1371. You may also email me at: Joseph_E_Scherger@uhc.com (please no patient identification in email messages).

CMS Documents On-Line

www2.sdcountry.ca.gov/hhsa

You may save these documents to your hard drive

| | |
|---|--|
| <ul style="list-style-type: none"> • CMS Formulary • Quick Reference Formulary • Provider Handbooks | <ul style="list-style-type: none"> ▪ Click on “Programs” ▪ Select “Self Sufficiency Programs” ▪ Click on “View All Services” ▪ Scroll down to CMS and select the document |
| <ul style="list-style-type: none"> • CMS Forms and Worksheets (TAR Form, UPC Voucher, Work Histories, Sleep Study, Incontinence, Pulmo-Aide, and Hepatitis C) | <ul style="list-style-type: none"> ▪ Select “Documents” (left side of the screen) ▪ Select “Forms” from the drop down box ▪ Scroll down to CMS and select the form |
| <ul style="list-style-type: none"> • Provider Newsletters | <ul style="list-style-type: none"> ▪ Select “Documents” (left side of the screen) ▪ Select “Newsletters” from the drop down box ▪ Scroll down to CMS and select the volume (1 through 7) you wish to read |

County Medical Services (CMS) Program

AmeriChoice, ASO

PO Box 939016
San Diego, CA 92193

ASO Administration
(858) 492-4422

CMS Provider Line
(858) 495-1300

CMS Claims
(858) 495-1333

County Administration
(858) 492-2222